

Aim: The purpose of our study is to highlight the alarming evolution of the resistance at Cefepime(the only cephalosporine of fourth generation) in patients with urinary tract infection.

Material and Methods: Records from 1041 patients where retrospectively reviewed. Antibiotic susceptibility of the isolated pathogens was tested for commonly-used antibiotics(including Cefepime) by Kirby-Bauer technique according to NCCLS guidelines. All statistical analyses were performed SPSS software. Statistical significance was considered for a p value < 0.05(for Pearson Chi-Square test), and all p values were 2-sided.

Results: In 2012 Cefepime resistance was 31,85%, in 2013: 32,46% and in 2014 36,17%. Cefepime has good efficiency on urinary tract infection caused by E.coli comparing with the other cephalosporines(p<0.0001) but for Klebsiella pneumoniae Cefotaxime has the best results.(p<0.0001).

Conclusions: Cefepim resistance increased almost 5 percent these years. And this is a very big problem because is the only fourth generation cephalosporin that we have. In literature empirical treatment and self-medication is incriminated but we need further studies to provide accurate information.

88. IS PSORIATIC ARTHRITIS A RISK FACTOR FOR DIABETES MELLITUS?

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Introduction: Three meta-analyses evaluated the role of psoriasis and/or psoriatic arthritis in the development of type 2 diabetes mellitus. The difference of the three studies consisted in evaluating different parameters involved alongside psoriasis (Ps) and/or psoriatic arthritis (PsA) in the onset of diabetes. The aim of our study is to find if psoriatic arthritis is an independent risk factor.

Material and Method: We enrolled 330 patients diagnosed with psoriatic arthritis according with CASPAR criteria in our observational study. The following variables were monitored: the presence of diabetes pre or post onset of psoriasis or psoriatic arthritis, the onset of the disease, the gender, the treatment – classical or biological disease-modifying anti-rheumatic drugs (DMARDs), corticotherapy, body mass index, alcohol intake, smoking habits, dyslipidaemia, active or inactive status in society. Graph Pad Prism 6.0 software was used to assess the statistically the data.

Results: Two-hundred and eighty-seven patients (pts.) with psoriatic arthritis and lack of diabetes were enrolled to the control group. Forty-three patients were associating type 2 diabetes mellitus. In the control group, we found a positive association between overweight (p: 0.008, r: 0.159), obesity (p:0.020, r: 0.138) and glucose intolerance and a protective role of methotrexate (p: 0.023, r: -0.134). In the study group, according with the statistics, all the patients that developed diabetes were obese and the onset was correlated with the skin lesions (p: 0.038, r: 0.317).

Conclusions: Obesity and skin disease seemed to play an important role in the onset of type 2 diabetes mellitus. A nutritionist should be involved in the management of the disease.

Keywords: diabetes mellitus, psoriatic arthritis, psoriasis.

89. RURAL-URBAN DIFFERENCES IN HEALTH RELATED QUALITY OF LIFE IN COPD

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Background: While geographic variation in health care access and quality may affect health status of patients with COPD. The influence of rural or urban residence on the health status of COPD patients is studied rather superficially.

The aim of the study was to evaluate the health status of COPD patients and to identify the main predictors of quality of life in these patients according to the rural or urban residence in Republic of Moldova.

Methods: 198 consecutive COPD patients were enrolled into the study. Spirometric data were analyzed (FEV1, FVC, FEV1/FVC) and BODE index (BMI, FEV1, MRC, 6 MWD). Health-related quality of life was assessed by the St. George Respiratory Questionnaire (SGRQ).

Results: The cohort consisted of 158 COPD patients from urban area with mean age 64.6 ± 8.9 years and 40 patients from rural area with mean age 63.6 ± 8.7 years. Patients in both groups had the similar severity of bronchial obstruction: FEV1 was 42.5 ± 13.6 % versus 38.5 ± 15.4 % ($p=0.4$). There were no significant differences in SGRQ total score 64 ± 13 % vs 63.7 ± 16.5 %, $p=0.9$. Total SGRQ scores were the same but patients from rural area had worse scores in the symptom and impact domain. The forward stepwise regression analysis shows that the age and rate of COPD exacerbations are the important predictors of health related quality of life in COPD patients from urban area, which explain 32% of the total score of SGRQ ($p<0.01$). In patients from rural area, BODE index explains 52% of SGRQ total score.

Conclusion: The age and rate of COPD exacerbations were found to be the major determinants of quality of life in COPD patients from urban area, mean while BODE index in patients from rural area.

Key words: COPD, quality of life.